



Leahy Congressionally Directed Spending Request - FY22

Name & Contact Info	Mailing Address	Permanent Address
Name:	Street 1:	Street 1:
Phone:	Street 2:	Street 2:
Phone:	City:	City:
Email:	State / Zip:	State / Zip:

** indicates a required field.*

Section 1. Funding Request

1. Name of Proposal *

100 character limit

2. Submitting Organization *

100 character limit

3. Specific Location in Vermont *

100 character limit

4. Congressionally Directed Spending Request *
dollar amount

No decimals or symbols.

5. Needs Statement *

6. Existing Resources *

7. Total Cost of the Project *
dollar amount

No decimals or symbols.

8. Relevant Appropriations Bill *

☐ Agriculture ☐ Commerce, Justice, Science ☐ Energy and Water ☐ Financial Services and General Government
☐ Homeland Security ☐ Interior ☐ Labor, Health and Human Services
☐ Military Construction and Veterans Affairs ☐ Transportation, Housing and Urban Development

9. Specific Account *

see list of eligible accounts by bill, [here](#)

100 character limit

10. Priority Ranking of Proposal (If multiple proposals are being submitted) *

If only one proposal is being submitted, please enter 1.

No decimals or symbols.

11. Was This Request Submitted To Another Member of the Vermont Delegation *

☐ Yes ☐ No

- 12.Is the Organization a For-Profit Entity ***
NOTE: For-Profits Are Not Eligible for Congressionally Directed Spending
☐ Yes ☐ No

Section 2. Needs Statement

1. Description of Proposal for User of Federal Funds *
2. Description of Importance to Vermont *
3. Description of Benefit to Local Community *
4. List Any Entities or Organizations Partnering in or Supporting the Project *
5. Three Concise Points to Justify Use of Congressionally Directed Spending *

Section 3. Funding History

1. Please Describe Any Past Federal Funding Support for This Project *
2. Has This Project Received Past Congressionally Directed Funding *
If yes, please identify when and what funding
3. Describe Any Non-Federal Funding That Supports This Request, and Is It In Hand *
4. Describe Any Private Funding or Donations For the Project *
5. Is This a One-Time Request for Congressionally Directed Support? *
☐ Yes ☐ No
6. Is Additional Federal Funding Required? When and How Will the Project Become Self-Sustaining? *

Section 4. Contact Information

1. Name of Organization *
legal grantee name

100 character limit

Primary Point of Contact

2. Name *

100 character limit

3. Title *

100 character limit

4. Address Line 1 *

100 character limit

5. Address Line 2

100 character limit

6. City *

100 character limit

7. State *

Select...



8. Zipcode *

or #####-####

9. Phone Number *

 ###-###-####

10.Email Address *

 i.e. your-email@mail.com

Head of Organization / Department / Agency

11.Name *

100 character limit

12.Title *

100 character limit

13.Address Line 1 *

100 character limit

14.Address Line 2

100 character limit

15.City *

100 character limit

16.State *


Select...

▼

17.Zipcode *

or #####-####

18.Phone Number *



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